

South Carolina Commission on Higher Education

Postsecondary Institution Licensing 1122 Lady Street, Suite 300, Columbia, SC 29201 Telephone (803) 737-2260; Fax (803) 737-2297

APPLICATION FOR AGENT PERMIT

INSTRUCTIONS: This application is to be completed by all sales representatives and must be accompanied by a \$30.00 application fee, made payable to the South Carolina Commission on Higher Education. This fee is non-refundable. **Do not send cash**. Avoid unnecessary delay by furnishing complete and accurate information. No permit will be issued unless application is complete.

Agent first name	Agent middle name		Agent last name
Agent date of birth	Agent new		Agent renewal
Agent address (street, city, state, zip)			
Agent telephone (home)	Agent telephone (work)		Agent telephone (cell)
Agent email			
Name of School Employing Agent			
Address(es) of School (Street, City, State,	, Zip) You may list multiple	locations or provide in an	attachment.
School official name Con		Contact email	
Applicant's History: Complete for r	most recent five years	including amplaym	ont advection and military convice
From (date):	To (date):	meruanig employm	Position
	, ,		
Employer/school/military name			Reason for leaving
From (date):	To (date):		Position
Employer/school/military name			Reason for leaving
From (date):	To (date):		Position
Employer/school/military name			Reason for leaving
From (date):	To (date):		Position
Employer/school/military name			Reason for leaving
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List three persons who may be cont	acted concerning your reputation a	and character:
1		
Name	Address	Telephone
2		
Name	Address	Telephone
3Name	Address	Telephone
Have you ever been dismissed or te	rminated for cause from any positi	on? Yes No (If yes, explain and include date)
Have you ever pleaded guilty to or	been convicted of a felony or a crit	me of moral turpitude? Yes No (If yes, explain and include date)
Have you ever been refused an ager	nt's permit or had one revoked or su	uspended? Yes No (If yes, explain and include date)
familiar with the provisions of the r	egulations and the Nonpublic Posts	rrect to the best of my knowledge and belief. I am secondary Institution License Act. I authorize the luation of my application for an agent's permit. Date
Signature of Agent		
School Certification I certify that the institution will empty the South Carolina Commission agents acting within the scope of his	on Higher Education. The institution	, agent/applicant, permitting on shall be responsible and liable for the acts of its
Institution License Act. The institu	tion retains a statement signed by t greement with the agent will be sus	of the regulations and the Nonpublic Postsecondary the agent that he or she is familiar with provisions of spended at such time as his or her conduct may l.
		Date
Signature of School Officia	1	
Name and Title of School Official (print or type)	
		Revised 10/9/1